

## DASA Reduces Staff to Preserve Core Services

By Ken Stark, Director, Division of Alcohol and Substance Abuse

The Department of Social and Health Services (DSHS) Division of Alcohol and Substance Abuse (DASA) will reduce 10 percent of its headquarters staff in Lacey by July 1, 2002.

This will eliminate 10 positions from among the 94 employees on staff, saving an estimated \$500,000 in the fiscal year that begins July 1, and \$1,000,000 in the next biennium. This re-alignment is necessary to preserve the quality and effectiveness of core services while saving money to live within a tight state budget. All non-core services will be curtailed.

This action is in no way a negative reflection on the job our highly skilled employees have performed tirelessly for our clients and partners. Unfortunately, we have to make some painful decisions to reduce administrative costs.

Among the non-core services impacted by the re-alignment are:

- High Intensity Drug Trafficking Area Federal Grant. DASA will stop administering this program at the end of this year because it is not reimbursed for the high cost of this activity.
- Grants Section. DASA will no longer provide the free service of writing federal grant proposals for its partners.
- Federal State Incentive Grant Program. This three-year program expires June 30.
- Non-Core Support Services. DASA will limit the administrative workload related to employment and housing support services for clients. These services are available from other divisions of DSHS or other agencies.

In addition to preserving the heart of our important client services now, we must prepare for what will probably be an even leaner budget in the next biennium. We will do all we can to help our employees through these difficult changes.

To find out how budget reductions and the 2002 legislative session will impact alcohol and other drug programs, visit DASA's website at <http://www.app2.wa.gov/dshs/dasa>.

DASA is a division of the DSHS Health and Rehabilitative Services Administration (HRSA). The division's biennial budget is \$236 million. DASA partners with local governments, Tribes and nonprofit agencies to provide alcohol and drug abuse prevention, treatment and support services to low-income and indigent clients. Each year, 40,000 people receive treatment services. Thousands more benefit from the division's prevention and education efforts. 🌲

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Please send questions, comments or suggestions for articles to:

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### Washington State Resources

DASA: <http://www.app2.wa.gov/dshs/dasa>

Chemical Dependency Professionals:  
<http://www.cdpcertification.org/default.asp>

Alcohol/Drug 24-Hour Helpline:  
1-800-562-1240  
[www.adhl.org](http://www.adhl.org)

Alcohol/Drug Prevention Clearinghouse:  
1-800-662-9111  
[www.adhl.org/clearinghouse](http://www.adhl.org/clearinghouse)

Media Literacy:  
[www.teenhealthandthemedias.net](http://www.teenhealthandthemedias.net)

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FOCUS is published quarterly for those in the chemical dependency field by the Division of Alcohol and Substance Abuse, within the Washington State Department of Social & Health Services.



In addition to completing the SAPST training, prevention professionals may have the opportunity to become certified in Washington State by the summer of 2002.

## From the Director Investing in Science-Based Prevention

By Ken Stark

The Division of Alcohol and Substance Abuse is committed to investing public resources in prevention programs and services that have demonstrated positive outcomes.

One way we are demonstrating our commitment is by establishing a goal that 50% of the prevention services we fund are a Best Practice or Promising Approach. For a DASA-funded program to meet this criteria, it must be recognized as a best or promising practice by the Western Center for the Application of Prevention Technologies (WestCAPT).

WestCAPT is one of six regional centers funded by the Center for Substance Abuse Prevention. The purpose of WestCAPT is to assist state and community-based prevention programs in the Western Region to apply scientifically defensible strategies in their efforts to prevent substance abuse.

Programs and services not defined as Best Practices or Promising Approaches must be designed using research-based Prevention Principles. To achieve this goal, it is imperative that the prevention workforce in our state is well trained in the rapid advances being made in prevention research. DASA has developed and is implementing a workforce development

plan that includes partnering with the WestCAPT to offer four Substance Abuse Prevention Specialist Trainings (SAPST) per year, and one SAPST Training of Trainers per fiscal year. This one-week training includes information on current prevention research, needs assessment, program planning, evaluation, culture, ethics, human development and media/communications. An advanced, skill-based SAPST curriculum is currently under development.

In addition to completing the SAPST training, prevention professionals may have the opportunity to become certified in Washington State by the summer of 2002.

For more information about DASA's workforce development plan or its commitment to investing in

best practices, contact Michael Langer, Prevention Services Supervisor, at (360) 438-8096 or [langeme@dshs.wa.gov](mailto:langeme@dshs.wa.gov). For more information about prevention best practices, promising approaches or research-based principles, visit the WestCAPT website at [www.westcapt.org](http://www.westcapt.org).



## Oxford House Was A Vital Step On Path To Recovery

By Deborah Norberg

I got sober with a little nudge from the judge. Fortunately, as a first time offender, I was offered treatment instead of jail time. I was, however, expected to stay clean and sober.

I knew that unless I followed my probation stipulations I would end up doing jail time. I had a little girl and I was working, so going to jail would not have solved anything.

I started going to an outpatient treatment program for moms funded by the Department of Social and Health Services' Division of Alcohol and Substance Abuse (DASA). Being among a group of females made it ideal to talk about issues specific to being a woman. In treatment I met a very dear friend. We are still supportive of each other's recovery to this day. We became friends because our treatment counselor "assigned" us to hang out together.

In addition to providing social support, treatment helped me to understand more about addiction. When I began treatment, I thought I was just a weak or bad person. Instead, I found out that addiction is a disease, and learned about some of the biological processes that occur. My treatment counselor was very well educated on the subject, and could answer just about any question about addiction. I was also encouraged to continue participating in 12-step program meetings.

The 12-step program has given me so many gifts. Early in recovery the people there were very supportive. They gave me a phone list to call for support if I felt like relapsing or if I just needed someone to talk to. I think the most important thing I learned in this program is who I am and who I would like to be.

The people in the 12-step meetings introduced me to Oxford House, a transitional housing program funded by DASA. At that time I was not in a safe place; I was living with people who were still addicted and using drugs. I was not welcome there and needed to find safe housing before I relapsed. I was ex-

tremely eager to get into a newly opened Oxford House in Longview, which was the second house created for women and children in Washington.

The Oxford House gave me 24-hour sober support, and my daughter was able to live there with me. I think the most important thing that I gained from living in an Oxford House was self-esteem. Oxford House gave me the feeling of belonging to a family. The low rent allowed me to get on my feet financially.

I made friends with another mother at the Oxford House and we were able to exchange childcare with each other. This allowed both of us to continue with treatment and meetings. I remember going through an extremely emotional time while I lived in the house. I feel that if it had not been for the support of the Oxford House, I would have relapsed.

One of the expectations of living in the house was that I attend a parenting class. The class that my daughter and I attended gave us the tools to be a more functional family. I learned about nutrition and better ways to discipline my daughter.

While I was living at Oxford House, I started taking classes at the local community college. As a student, I received college credit for volunteering my time to YW Housing. Oxford House gave me transferable skills in helping the women involved in the transitional housing program to achieve and maintain sobriety.

Today I have a Bachelor's degree in Psychology and a great job working with women who are pregnant and parenting and working on a life in sobriety. As a result of my internship I was offered a job with Pacific Crest Consortium, an affiliate agency. I started working under the

Treatment Alternatives for Safer Communities (TASC) program, which provided random urinalysis testing for felony and family services, case management services, and referrals to treatment.

Because of my personal experience with recovery, Oxford House, my education, YW Housing, and TASC, I was offered a position that I had worked towards. I am now a lead case manager of a federally funded program that provides assistance and support to pregnant and postpartum chemically addicted women.

Today my 12-year-old daughter and I have security, reliable transportation, and a bright future. And my daughter says she doesn't have to eat macaroni and cheese anymore.



### Did You KNOW?

■ Every dollar invested in drug prevention saves \$5.50 in costs for health care, law enforcement, and incarceration. (*The Rand Corporation, 1999*)

■ In the coming months, a whole new category of heavily marketed malt beverages will be educating young people and others about liquor brands. Such brands as Smirnoff, Bacardi, Stolichnaya, Captain Morgan, Sauza, and Jack Daniels, all marketed as malt beverages, will get significant exposure, despite the revival of NBC's liquor-advertising ban. (*Center for Science in the Public Interest, www.cspinet.org/booze*)

■ Media messages are proven to reduce marijuana use. In a 2001 study conducted by the National Institute on Drug Abuse, PSAs with an anti-marijuana message resulted in at least a 26.7% drop in the use of that drug among the targeted teen population.



# Drug Sentencing Reform Provides More Treatment, Less Jail Time

By Larry Carter, Citizens Advisory Council on Alcoholism and Drug Addiction

The Washington State Legislature has passed legislation that will reduce incarceration time and create more opportunities for treatment for people charged with or convicted of non-violent drug related offenses. Governor Locke signed this legislation into law on April 1, 2002. The legislation represents a new direction in state policy for dealing with public health and safety issues represented by drug offenders.

The legislation will reduce the seriousness of certain drug related offenses and revise the "score" attached to an offender's criminal history. A new sentencing grid for offenders convicted of drug crimes will take effect on July 1, 2004.

Non-violent drug offenders committing crimes after July 2004 would be directed to drug court in preference to treatment in prison or doing traditional prison time. By shortening prison time for non-violent drug offenders

an average of six months, up to \$8.25 million per year will be saved in costs for additional prison beds. This savings will be directed into a new Criminal Justice Treatment Fund adminis-

tered by the Department of Social and Health Services (DSHS) through the Division of Alcohol and Substance Abuse (DASA), with input from groups interested in this legislation.

The legislation was passed with great support from a wide range of professionals dedicated to reducing alcohol and other drug problems. This included the chemical dependency field, prosecutors, police chiefs, judges, sheriffs, the Department of Corrections, the King County Bar Association, and many others.

DASA, with guidance from the Citizens Advisory Council, provided leadership in supporting the legislation and will have a major role in implementing its provisions.



## Ken Guza Retires

By Dick Jones, DASA Special Projects Administrator

Always showing a good sense of timing (before the budget reductions), in early February Ken Guza retired from the Division of Alcohol and Substance Abuse (DASA) after 25 years with the Department of Social and Health Services (DSHS). At the time of his retirement, Ken was coordinating treatment access for referred WorkFirst clients and Child Protective Service parents. His other primary responsibility was managing the Oxford House program. Under his guidance this "clean and sober" housing program has grown to 93 houses in 14 counties, about 750 beds. Washington's Oxford House program is the largest in the United States, about 1 in 10 houses.

In his retirement message to DASA co-workers Ken wrote, "I feel very fortunate to be ending my career at DASA doing work that I find satisfying and consistent with my values." Ken has always described his role as pushing at

the edges of treatment practice, committed to making it more individualized and interdisciplinary in approach. His 11 years at DASA speaks to that commitment. During that time he was instrumental in developing treatment protocols to better serve parenting adults referred by state welfare and child welfare offices, placing Chemical Dependency (CD) counselors in youth group homes, outstationing CD counselors in welfare office and child welfare offices, and in cross-system training initiatives.

Before DASA, Ken was a program manager in the Division of Children and Family Services where he started the Crisis Residential Center program and managed the group care programs. In the group care program he pushed for shorter lengths of stay, aftercare services, involvement of families, and the broad use of treatment foster care as an alternative to group care. Traditional providers were not always supportive of this vision.

Ken's years with DSHS were preceded by service in other states. He played a major role in the deinstitutionalization of juvenile offenders in Massachusetts and Pennsylvania, and reorganization of state child welfare services in Illinois.

Prior to actual retirement, Ken practiced by working part time for a number of years. By all reports he moved seamlessly into retirement by devoting more time to travel, cross county ski patrol, and board involvement with a land trust and an urban trails organization. Working part time, Ken discovered that working interfered with his other life.

For those of us at DASA, Ken's work and values have been a constant. His quiet presence and low-key leadership will be missed.

To continue bringing you useful information in FOCUS, let us know what matters most to you, and the drug prevention and recovery news and successes happening in your community. Send your comments and information to Deb Schnellman at [schneda@dshs.wa.gov](mailto:schneda@dshs.wa.gov).



## Improving Services Through Regionalization

By Fred Garcia, Chief, DASA Office of Program Services

In response to budget cuts and consolidation, and as part of our efforts to continuously improve the quality of our services, the Division of Alcohol and Substance Abuse's (DASA) Office of Program Services is implementing regionalization. This means that some of our prevention, treatment, and certification staff will be outstationed to an office within a region. In addition to more staff being in the regions, treatment and prevention staff will refocus their job duties to place more emphasis on core functions: contract monitoring, technical assistance, and systems oversight.

DASA has already successfully used the regionalization structure in our Region 1 Spokane office for the past few years. The Regional Administrator

(RA) has been working side by side with the Regional Prevention Manager (RPM) and the Certification Specialist. They work collaboratively to monitor and assist counties, tribes and providers, and to further the mission of the Department of Social and Health Services/DASA.

Program managers assigned to regions will now be responsible for monitoring and technical assistance for DASA prevention and treatment contracts in their region, rather than an area of specialization. This will improve coordination, communications and customer service. We also expect this change to further DASA's mission to better integrate a continuum of prevention and treatment services in each region. And we anticipate this change will reduce DASA's travel budget.

The regionalized treatment managers and prevention managers will work in close coordination with the RAs. The RAs will facilitate regional planning,

contract monitoring, technical assistance and training by working with their regional team. A Certification Specialist has been assigned to work with each regionalized team to coordinate technical assistance, training, complaint/incident investigations, and quality assurance issues.

Treatment and Prevention Supervisors and Leads will continue to be stationed at DASA Headquarters in Lacey. These include for Treatment: Emilio Vela, Supervisor, Sue Green, Women's Lead; Steve Bogan, Youth Lead and

Terrie Franklin, Co-Occurring Disorders, Adult Treatment, and Dangerously Mentally Ill Offender Lead. For Prevention, Michael Langer is the Supervisor and Steve Smothers is the Lead Worker.

DASA's Supervisors and

Region	Regional Administrator	Regional Treatment Manager	Regional Prevention Manager	Certification Specialist
1 - Spokane ..	Ray Antonsen .....	Steve Brown (Yakima) ...	Shelli Young .....	Mary Testa-Smith
2 - Yakima ....	Ella Hanks .....	Steve Brown .....	Oscar Buckley (Lacey) .....	Mary Testa-Smith
3 - Everett .....	Dick Jones .....	Edie Henderson .....	Pam Darby (Lacey) .....	Jill Cowan
4 - Seattle ....	Harvey Funai .....	Bob Leonard (Lacey) .....	Deb Schnellman (Lacey) ..	Julian Gonzales
5 - Tacoma ....	Jim Friedman .....	Pam Sacks .....	Tom Pennella (Lacey) .....	Miae Christofferson
6 - Lacey .....	John Taylor .....	Ruth Leonard .....	Scott Waller .....	Darrel Streets

Leads will continue to implement statewide policies and planning and managing statewide contracts.

DASA treatment managers are now outstationed in Regions 2, 3, 5 and 6. DASA prevention managers are now outstationed in Regions 1 and 6. In other regions, program staff will be responsible for monitoring contracts in their assigned region but will perform these duties from their Lacey workstation. Below you will find a matrix that lists the region, regional assignments, and if the staff will be out stationed.

For our providers, this change means that there may be a different DASA manager responsible for monitoring their contract. Watch for future updates about the progress of regionalization. Questions about regionalization may be directed to Fred Garcia at (360) 438-8228 or [garcifw@dshs.wa.gov](mailto:garcifw@dshs.wa.gov).

## DASA Amends WAC For Opiate Substitution Treatment Programs

By Dennis W. Malmer, DASA Certification Policy Manager

An emergency rule change governing Opiate Substitution Treatment Programs (OTP) became effective March 11, 2002. The Division of Alcohol and Substance Abuse (DASA) submitted the emergency rule amendment to the Washington State Code Reviser's Office for Washington Administrative Code (WAC) 388-805 to incorporate changes to state and federal laws and regulations that went into effect. The emergency rules were drafted with input from a statewide group of OTP stakeholders. Emergency rules are in effect for 120 days.

The federal Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration

adopted 42 Code of Federal Regulations, Part 8, Certification of OTPs, which became effective May 18, 2001. The Washington State Legislature passed Substitute Senate Bill 5417, which amended Revised Code of Washington 70.96A, Sections 400, 410, and 420, governing OTPs. It became effective July 22, 2001.

In April 2002, DASA will notify all stakeholders of its intent to begin the process of permanently revising WAC 388-805. This emergency rule adoption will be reviewed during public hearings at that time along with other recommendations for amendments to WAC 388-805.

If you have any questions or would like a copy of the emergency rules, please contact Dennis Malmer at (360) 438-8086 or Toll Free at 1-877-301-4557. DASA encourages provider participation in developing all certification rules.

# Substance Use and Violent/Delinquent Behaviors Have Significant Impacts on Achievement Test Scores Among Washington State Middle and High School Students

By Toni Krupski, Ph.D., Research Administrator, Division of Alcohol and Substance Abuse

Groups of middle and high school students with even moderate substance use and/or violent or delinquent behaviors had significantly lower academic achievement than students with little or no involvement in these behaviors. This was the primary finding of a study conducted by Drs. Richard Brandon and Sheri Hill of the University of Washington Human Services Policy Center.

The authors point out that results of this study confirm that factors outside the realm of classroom instruction significantly impact academic achievement. They suggest that efforts to improve school performance should therefore address the learning environment outside the classroom, including individual, family, and community. The authors also point out that these efforts should focus on groups of students as well as on individuals and that prevention programs should start early, no later than sixth grade, and continue through high

school.

The study was based on analysis of Washington Adolescent Health Survey results and achievement test results from either the Washington Assessment of Student Learning (WASL) or Iowa Test of Basic Skills (ITBS) from 71 middle schools and 72 high schools. The Division of Alcohol and Substance Abuse and the Office of the Superintendent of Public Instruction funded it collaboratively.

Copies of the report, "The Impact of Substance Use and Violence/Delinquency on Academic Achievement for Groups of Middle and High School Students in Washington", may be obtained from the Washington State Alcohol/Drug Clearinghouse at (800) 662-9111 (within Washington State) or (206) 775-9696 (within Seattle or outside Washington State), by e-mail at [clearinghouse@adhl.org](mailto:clearinghouse@adhl.org) or by writing them at 3700 Rainier Avenue South, Suite A., Seattle, Washington 98144. 🏠

## Media And Business Are Key Prevention Partners

By Deb Schnellman, DASA Communications and Prevention Manager

The Partnership for a Drug Free Washington (PDFW), an ongoing statewide media campaign coordinated by DASA, and allied with the Partnership for a Drug Free America, received outstanding support during 2001 from media and corporate partners. Television and radio stations aired 32,000 alcohol and other drug prevention messages, for a value of \$1.9 million. Corporate partners who sponsored messages in 2001 included the Seattle Mariners, Campbell's Soup, Wendy's Hamburgers, and Voicestream Wireless.

This support is partly due to consumer research PDFW provides to media partners that measures public attitudes about corporate sponsorship of social causes such as drug prevention. This research, conducted by Cone-Roper before and after September 11, reveals that eight in ten Americans believe companies have a responsibility to support causes. 80 percent of consumers surveyed said they would switch brands, if price and quality were equal, to

support a cause. Since September 11, more Americans than ever are demanding that companies play an active role in supporting social needs.

Research demonstrating the effectiveness of anti-drug advertising is another important tool in engaging media partners. When our media partners are shown that they can make a difference in preventing drug use and creating safer communities, they are more likely to be involved. A recent study by the National

Institute on Drug Abuse found that anti-marijuana television ads reduced marijuana use among the teens targeted by at least 27%.

With cause-related marketing, everyone wins. Businesses win by selling more product, strengthening customer loyalty, and enhancing their image in the community. Media wins through increased advertising revenue from corporate sponsors, audience loyalty, and goodwill in the community. Communities and drug prevention win by increasing

media exposure of prevention messages, leading to greater public awareness and education about the consequences of misusing alcohol and other drugs, and how to prevent drug use. When prevention messages are aired frequently over time, we increase anti-drug attitudes and reduce drug use.

To access power point presentations of the cause marketing and media effectiveness research, log on to [www.drugfreeamerica.org/crm](http://www.drugfreeamerica.org/crm) and enter the password "drugfree". This site also contains a new powerpoint presentation on Ecstasy and how the media can help prevent its use.

New PDFW television and radio messages for parents and teens about Alcohol, Ecstasy, Meth and Marijuana, and a "Body by Meth" poster for teens, are available from the Washington Alcohol/Drug Clearinghouse at 1-800-662-9111 or [clearinghouse@adhl.org](mailto:clearinghouse@adhl.org). 🏠

### PDFW's Media Partners for 2001:

**Seattle**  
KOMO TV  
KIRO TV  
KSTW TV  
KCPO TV  
KTWB TV

**Spokane**  
KSKN TV  
KXLY TV  
AT&T Broadband  
KXLY 920  
KVNI 1080AM  
ESPN 630 AM  
KXLY 99.9 FM  
KZZU 92.9 FM  
KEZE 96.9 FM  
KHTQ 94.5 FM

**Yakima/Tri Cities**  
KNDO TV  
KNDU TV

### Cause Related Marketing and Corporate Citizenship

*Since September 11, "...more Americans than ever are demanding companies play an active role in supporting social needs."*

— 2001 Cone/Roper Corporate Citizenship Study

## Conference Helps Pierce County Teens Get Involved in Prevention

By Amanda Hasse and Kim Phillips, Students,  
Wilson High School, Tacoma

Whoever said conferences were pointless and did not contribute anything truly helpful to expanding the prevention field, could not be any further from the truth. We are High School students at Wilson High School in Tacoma; our names are Amanda Hasse and Kim Phillips.

Last year, Kathleen Bell of the Student Assistance Program suggested we attend the Pierce County School Prevention Team Conference. It is an annual conference that involves about 250 students throughout Pierce County. We were introduced to the person in charge of the conference and he invited us to be conference presenters.

Amanda did a presentation on the drug Valium and how it was being abused. Kim gave a presentation on how drugs and alcohol affect student learning and the school environment based on a WASL test score study.

At the time of the conference, we were not connected to any active prevention group, but the information that we had learned at the conference began to spark our imagination. We got a chance to see what other schools were doing and had the chance to discuss prevention ideas with other students. We were excited to be able to bring back great ideas to our school.

Presently, we are co-presidents of SHADOW (Students Helping Against Drug-use in Our World) at Wilson High School and we are also active participants in Pierce County Lite (Leaders in Tobacco Education). We also were able to obtain a Pierce County Prevention Grant and are preparing to implement lots of activities that will positively affect the students at our school and the people in our community. Our group has a membership of 80 students and we are growing. We feel that all this happened because we were given an opportunity to participate in the Pierce County School Prevention Team Conference.

We are looking forward to having a lot of fun at this year's conference. The conference is getting larger each year. This year 30 schools and 40 school counselors are scheduled to attend the conference. We feel that it is very important that conferences like this continue to help teens by giving them the opportunity to participate in prevention.

*Thanks to Gene Uno, Pierce County Prevention Specialist, for submitting this article.*

## Nine Opiate Substitution Programs Request Accreditation by DASA

By David Curts, DASA Certification Section Supervisor

Nine of the twelve Opiate Substitution Treatment Programs (OTP) certified by the Division of Alcohol and Substance Abuse (DASA) have elected to seek accreditation from DASA as well. DASA was one of four organizations in the nation approved by the Substance Abuse and Mental Health Services Administration to be an OTP Accreditation Body.

DASA has until March 4, 2003, to accredit the programs under new federal regulations.

DASA applied for approval as an accreditation body as a way to preserve limited treatment resources and

to provide regulatory relief to this state's OTPs. DASA intends to combine the state certification and federal accreditation activities into a single process and not charge the programs additional accreditation fees.

Programs not choosing to participate in DASA's accreditation process will also be eligible for regulatory relief under the deeming provisions of WAC

388-805. However, they will have to pay additional fees to their accreditation body.

For additional information, contact David Curts at (360) 438-8056.

**DASA has until March 4, 2003, to accredit the programs under new federal regulations.**

## Will Your Kids Use Drugs?



Not worried about your 10-year-old using alcohol, tobacco or other drugs? Unfortunately, today's kids are making decisions about drug use at increasingly younger ages. The average kid begins using alcohol before the age of 12. By the time Washington students reach the 8th grade, one out of every five are drinking regularly, and one out of eight are using tobacco and marijuana.

Fortunately, there are proven ways you as a parent can help your kids stay drug-free. Find out about your child's risks for using drugs, and how you can reduce those risks, by calling or sending for your free Will Your Kids Use Drugs? risk quiz for parent's.

Don't wait - your kids aren't getting any younger.

**To Order Parent's Risk Quiz:**  
1-800-662-9111 or email: [clearinghouse@adhl.org](mailto:clearinghouse@adhl.org)

 Washington State  
Department of Social  
& Health Services  
Division of Alcohol and Substance Abuse



## Korean Delegation Interested in Washington State Substance Abuse Services

By Miae Christofferson, DASA Certification Specialist

Representatives from Korea met with the Division of Alcohol and Substance Abuse (DASA) staff representatives in March to discuss prevention, treatment, and research issues. The Korean delegation included Kwon Oh Sang, Deputy Director of the Mental Health Division; Dr. Oh Dae-Kyu, Director General of the Bureau of Health Promotion in the Ministry of Health and Welfare; and Dr. Sunnggie Cho, Director of Prevention and Treatment Division of the Korea Drinking Culture and Alcohol Research Foundation (KODCAR).

The Korean delegation met with Fred Garcia, Chief of DASA's Office of Program Services; Dr. Toni Krupski, Chief of Research and Evaluation; David Curts, Certification Section Supervisor; and Miae Christofferson, Certification Specialist and staff to the Asian Pacific Islander Chemical Dependency Treatment Provider Group. Accompanying the delegation was Tae Son Lee, Director of Korean Treatment Services and Dr. John Castelee Jr., Executive Director at Castelee, Williams and Associates.



The Korean Ministry of Health and Welfare is very interested in developing prevention and treatment services for the Korean people.

The Korean Ministry of Health and Welfare is very interested in developing prevention and treatment services for the Korean people. At this time, treatment is very scarce in Korea and it is often provided in mental health settings. KODCAR is the first specialized organization in Korea to deal with alcohol problems in line with Korean culture. During their visit, they stated that Korea would be implementing their first driving under the influence law next month.

The group visited several treatment agencies that provide services to Asian and Pacific Islander youth and adults, and two adult residential programs. The delegation was very impressed with the level of services that are being provided in Washington State.

They hope to continue to learn from the services that have been developed in our state and expressed interest in learning more about DASA's research studies and management information system.



For additional information, contact Miae Christofferson at (360) 407-7572.

## DASA First Annual Treatment Summit

By Dixie Grunenfelder

The First Annual Division of Alcohol and Substance Abuse (DASA) Treatment Summit will take place Wednesday, June 5, 2002, in Wenatchee, Washington, at the Wenatchee Convention Center. We are starting small – only one day – but we have big plans for the Summit. We envision that the Summit will grow to be a multi-day training academy modeled after other states' summer schools. We see the Washington State Treatment Summit evolving into the largest gathering of treatment providers in the state, with multiple tracks, and many workshops presenting practical, skill-based information.

The theme of this Summit is "Insights

and Outcomes – Maximizing Results Through the Use of Best Practices." The Summit is for chemical dependency service providers to learn state of the art approaches to help build skills and knowledge needed to effectively meet the challenges they face in efforts to help the citizens of Washington State lead healthy, drug free lives.


Dr. A. Thomas McLellan, of the Department of Psychiatry, University of Pennsylvania School of Medicine, Treatment Research Institute, will deliver the keynote address on improving treatment programs through the use of outcome evaluation. Dr. Yih-Ing Hser, University of Cali-

fornia at Los Angeles, Drug Abuse Prevention Center, will present the afternoon plenary on the recent National Institute on Drug Abuse study on youth treatment outcomes. Workshop topics include, but are not limited to: clinical supervision; American Society of Addiction Medicine - assessment, placement, and discharge; motivational interviewing, gambling as an addiction; DUI treatment issues; Hepatitis C; and methamphetamine addiction and treatment.

We encourage you to help build the Summit. Be there! Registration information will be distributed in April 2002. The cost is \$25. Space is limited. For more information, contact the DASA Training Section at (360) 438-8200, or toll-free at (877) 301-4557, TTY (360) 438-8203.



## Love: The Anti-Drug

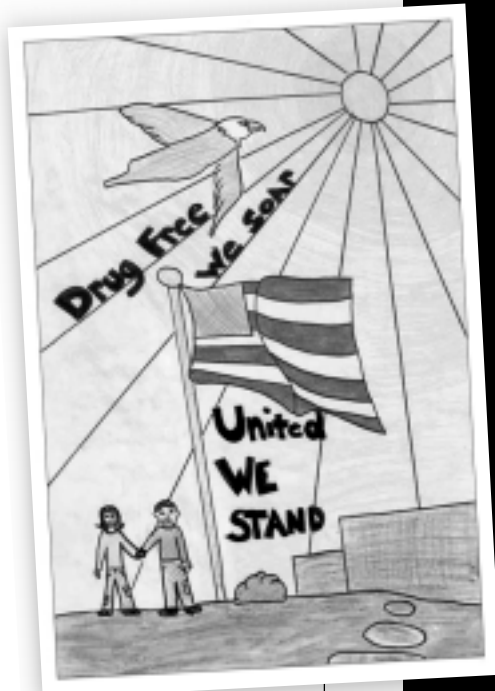


Staying involved is what you do best  
and the best way to keep kids off drugs.  
Make dinner together. Catch up on the day.  
Hang out and watch their favorite video.

Give them a kiss.  
They'll be a lot less likely to get high today.

To find out what else you can do to keep kids away from drugs, call  
1-800-662-9111. Visit [www.theantidrug.com](http://www.theantidrug.com) and [www.drugfreeamerica.org](http://www.drugfreeamerica.org)

## Winners Chosen in Drug Free Washington Month Poster Contest



Christopher Spangler, Grade 6  
1st Place Winner  
Ritzville Grade School  
Ritzville, WA



Victoria Maxon, Grade 5  
1st Place Winner  
Soundview Private School  
Lynnwood, WA

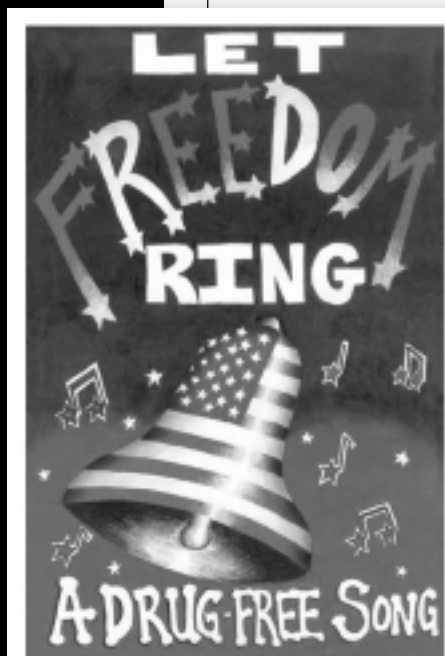
Winning posters have been selected in the ninth annual Drug Free Washington Month contest. Drug-Free Washington Month, celebrated annually in April, is a unique awareness campaign created to promote and enrich positive, drug-free environments. The Washington State Division of Alcohol and Substance Abuse partnered with the Liquor Control Board to provide the contest and supply copies of the winning posters to the Washington State Alcohol/Drug Clearinghouse. The winning student artists were recognized at an awards ceremony in April at the Students Against Destructive Decisions Conference in Wenatchee.

This year's poster theme was "United We Stand, Drug-Free We Soar." The poster contest was open to all students from preschool through high school. Over 1,100 student entries were received from around the state. The purpose of the contest is to engage youth in prevention by creating drug-free messages that will reach their peers and others in their communities. By promoting drug-free messages, students help correct the misperception among their peers that most kids are using drugs.

The first place poster in each age group will be printed and distributed to schools statewide. Schools and other organizations may order posters at no cost for placement in their buildings. First place winners also receive a CD boom box and art supplies. All other winners will receive art supplies. Along with school pride and parent recognition, every student who participated will receive a certificate signed by Governor Gary Locke.

Other partners in the poster design contest include the King County Community Organizing Program, the Washington State Department of Health, the Washington Traffic Safety Commission, and the Office of the Superintendent of Public Instruction.

Chelsea Walke, Grade 12  
1st Place Winner  
Marysville-Pilchuck  
High School  
Marysville, WA



Megan vonBargen, Grade 2  
1st Place Winner  
Edison Elementary School  
Centralia, WA



## Next Steps for CODIAC

By Terrie Franklin, Adult Treatment Services Lead

The Co-Occurring Disorders Interagency Advisory Committee (CODIAC) is a stakeholder group made up of government (state and local) and community providers, that meets bi-monthly to implement Co-Occurring Disorders (COD) initiatives that have been prioritized by the Legislature and other key entities. CODIAC has had a productive and successful year, with a number of changes that are shaping the direction of CODIAC.

In December Tina Shamseldin, Pierce County Regional Support Network (RSN) resigned her post as the CODIAC co-chair. Tina had been a positive, active force in CODIAC and its subcommittees for several years. Her contributions will be greatly missed. Cleve Thompson, Clark County Alcohol and Drug Coordinator, continues to co-chair the CODIAC group. We are happy to report that Sharri

Dempsey, Tribal Liaison- North Sound RSN has accepted the position of co-chair.

### **The following are the CODIAC group's new subcommittees and initiatives:**

- The Corrections Subcommittee is planning to examine and propose changes in procedure, policy and possibly legislation, with regards to the provision of services for the COD population under the Department of Corrections jurisdiction.
- The Integrated Services Subcommittee is looking at best practices in the provision of integrated mental health and chemical dependency services. Their work will culminate with the production of a manual that will be shared with the field and may broaden to include development of a services definition for COD treatment.
- The Training Subcommittee is currently

planning for the 2002 Co-Occurring Disorders Conference, to be held April 4 and 5 at the Yakima Convention Center in Yakima. Conference highlights include presentations by David Mee Lee, Patricia Deegan and Dr. Timothy Condon, plus a corrections/law enforcement track, and a segment on cultural competency in COD treatment.

- The Youth Issues Subcommittee has decided to move meetings to the same day and place as the main CODIAC group to enhance participation. Their work in the coming year will focus on identifying treatment available for COD youth, and may broaden to include treatment issues for youth transitioning from Juvenile Rehabilitation Administration facilities.

For additional information contact Terrie Franklin at (360) 407-1122.

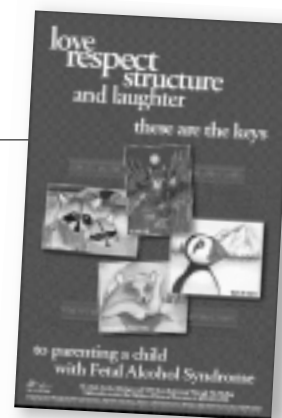
## Items Available from the Washington State Alcohol/Drug Clearinghouse

### Items available for purchase:

- **ASAM PPC2-R Manuals** – Visit our website to download an order form.



- **Journey Through the Healing Circle** – a series of videotapes, video CD's and professionally illustrated workbooks designed to help parents and children work with Fetal Alcohol Syndrome. Visit [www.wa.gov/dshs/fosterparents/journey.html](http://www.wa.gov/dshs/fosterparents/journey.html) for more information and to download an order form.



### Complimentary Items:

- **Partnership for a Drug-Free Washington & America:** drug prevention messages for parents and youth (topics include alcohol, meth, ecstasy, marijuana) – available in videotape and CD.
- **SAMHSA National Directory of Drug & Alcohol Abuse Treatment Programs 2001**
- **New materials are available in Spanish** – please call the Clearinghouse about our selection of materials.

Phone: 1-800-662-9111 (WA State Only) or 206-725-9696

Website: <http://clearinghouse.adhl.org>

The WSADC is partially funded by the DSHS Division of Alcohol and Substance Abuse

Washington State Alcohol/Drug Clearinghouse



# Training and Awareness Events: June through August 2002

## June

- 5 Treatment Summit, Wenatchee
- 13-15 16th National Conference on Problem Gambling, Texas
- 26-27 Region 1 & 2 Retreat, Leavenworth

**For more information on trainings and conferences, contact the DASA Training Section at 1-877-301-4557 or (360) 438-8200.**

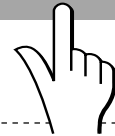
## July

- 3-6 Research to Practice — NAADAC 26th Annual Conference on Addiction Treatment, Boston (1-800-228-9290)
- 7-12 Tobacco Use Prevention Training Institute (919-966-5653)
- 18-21 American Cancer Society's Camp Speak Out! (1-800-ACS-2345)
- 25 Bridging the Gaps Conference, Seattle
- July 31 through Aug. 2 National Prevention Symposium-Empowering Our Youth to Thrive in Uncertain Times, Seattle

## August

- 6 NATIONAL NIGHT OUT: [www.natw.org](http://www.natw.org)
- 21-24 17th Annual Merrill Scott Symposium on Alcoholism and Drug Addiction, Yakima: [smunson@sundown.org](mailto:smunson@sundown.org)

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(click on "What's New")



## Demand Treatment!

Demand Treatment! is a nationwide initiative to increase the number of people who get alcohol and drug brief interventions and quality treatment in American communities. The goal of the initiative is to increase treatment by getting consumers, family members, and key leaders to take steps to drive up demand.

Most people with substance abuse problems don't get the help they need. There are a number of reasons why: no one asks them about their problem; they don't know where to go for help, or lack the resources; they fear discrimination and job loss if they admit to having a problem with alcohol or drugs; there isn't enough treatment available in their communities; policies that punish addicts and alcoholics create

**Demand Treatment!**



A Nationwide Initiative to increase the number of people who get quality treatment.

disincentives to seeking help. Communities across the nation are tackling this problem through a variety of creative and research-based solutions. They are increasing screenings and brief interventions in health care settings, promoting the availability of treatment opportunities, organizing efforts to increase the availability and quality of treatment, and creating consumer demand for services.

To find out more about this initiative and how to get involved, log on to [www.jointogether.org/dt](http://www.jointogether.org/dt). An online and printed brochure, Advocacy with Anonymity, encouraging people in recovery to speak out and share their experiences with policy makers and other community leaders, is also available through this site.



Washington State  
Department of Social  
& Health Services  
Division of Alcohol & Substance Abuse  
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